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APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO	
09/463,681 01/31/2000		JOACHIM BLUM	PM266043	6649	
909	7590 10/10/2002				
PILLSBURY WINTHROP, LLP			EXAMINER \		
P.O. BOX 10 MCLEAN, V			MAYEKAR	EKAR, KISHOR	
			ART UNIT	PAPER NUMBER	
			1741	83	
			DATE MAIL ED: 10/10/2002		

Please find below and/or attached an Office communication concerning this application or proceeding.





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	09 463,681			PM 2	166043	
				EXAMINER		
				ART UNIT	PAPER NUMBER	
				1741	#23	
				DATE MAILED:	*	
		INTERVI	EW SUMMARY			
All p	articipants (applicant, applicar	nt's representative, PTO personnel	):			
(1)	A. McALE	AVY	(3)			
(2)_	K. MAYEN	<del></del>	(4)			
Date	of Interview 10 9	12	_			
Туре	e: Telephonic MPersona	al (copy is given to applicant	applicant's representative	).		
Exhi	bit shown or demonstration co	onducted: Yes No if yes, t	orief description:			
	tification of prior art discussed	of what was agreed to if an agreem	ent was reached, or any othe	r comments:		
	in li	& still Broks	Ti 2A C	CADS O	N THR	
	DRIALINE S	TI CKRR PUT	DN THE CA	R BODY	FOR	
	DRUMBILLE	refres.			<u> </u>	
mus attac	t be attached. Also, where no ched.)  It is not necessary for applic	and a copy of the amendments, if copy of the amendments which we cant to provide a separate record or seen checked to indicate to the cor	ould render the claims allowal	ole is available, a sur w.	nmary thereof must be	
IS N actio	OT WAIVED AND MUST INCL	LUDE THE SUBSTANCE OF THE PPLICANT IS GIVEN ONE MONT	INTERVIEW. (See MPEP Se	ection 713.04). If a re:	sponse to the last Offic	
2. [	rejections and requirements	ew summary above (including any that may be present in the last Off sponse requirements of the last Of bove is also checked.	fice action, and since the clair	ns are now allowable	, this completed form	

Examiner Note: You must sign this form unless it is an attachment to another form.